



Faculty of Cognitive Sciences and Human Development

**THE QUALITY OF LIFE AMONG THE ELDERLY
PEOPLE IN SARAWAK**

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2018**

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Masters ☐

PhD ☐

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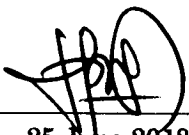
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THE QUALITY OF LIFE AMONG THE ELDERLY PEOPLE IN SARAWAK

FELICIA COSMAS

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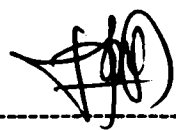
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ABSTRACT

QUALITY OF LIFE AMONG THE ELDERLY PEOPLE IN SARAWAK.

Felicia Cosmas

Changes in physical, psychological, hormonal and the social conditions occurred in the process of ageing. These changes are expected to bring impact to the quality of life of the elderly people. The aim of the study is to assess the quality of life and its related factors among the elderly population in Sarawak. A quantitative research has been conducted in the form of survey research by distributing WHOQOL-BREF questionnaire. The study was conducted among the elderly people aged 60 years and above who are living in Sarawak. The sample size of the study was 130 participants that were obtained through snowballing sampling. The data were analysed using Pearson Correlation which was to find out the relationship between each domain and the quality of life of the elderly people in Sarawak. The results obtained shows that the mean score of WHOQOL-BREF was 90.17 whereby the mean scores of the domain environment score the highest among the four domains. In conclusion, the overall score of the quality of life of the elderly people in Sarawak was average.

Keyword: quality of life, elderly, Sarawak

ABSTRAK

KUALITI KEHIDUPAN DALAM KALANGAN WARGA EMAS DI SARAWAK

Felicia Cosmas

Perubahan dalam fizikal, psikologi, hormon dan keadaan sosial berlaku dalam proses penuaan. Perubahan ini dijangka membawa kesan kepada kualiti kehidupan orang tua. Tujuan kajian ini adalah menilai kualiti kehidupan dan faktor-faktor yang berkaitan dengan warga emas di Sarawak. Penyelidikan kuantitatif telah dijalankan dalam bentuk penyelidikan tinjauan dengan mengagihkan borang soal selidik WHOQOL-BREF. Kajian ini telah dijalankan di kalangan warga emas yang berusia 60 tahun ke atas yang tinggal di Sarawak. Saiz sampel kajian adalah 130 peserta yang diperolehi melalui pensampelan snowballing. Data dianalisis dengan menggunakan Pearson Correlation yang bertujuan untuk mengetahui hubungan antara setiap domain dengan kualiti kehidupan orang tua di Sarawak. Hasil yang diperolehi menunjukkan bahawa skor min WHOQOL-BREF adalah 90.17 di mana skor purata bagi domain persekitaran mendapat skor yang tertinggi di antara empat domain. Sebagai kesimpulan, skor keseluruhan kualiti kehidupan orang tua di Sarawak adalah purata.

Kata kunci: kualiti kehidupan, warga emas, Sarawak

CHAPTER 1

INTRODUCTION

1.0 Introduction

In this chapter, the background of study was discussed. The problem statement of the study was stated. The research objectives, research hypotheses, terms definition and significance of the study were further described in this chapter.

1.1 Background of Study

Ageing is an unavoidable developmental event bringing several changes in the physical, psychological, hormonal and the social conditions. These changes are expected to affect the quality of life (QOL) of the elderly. Ageing is a different experience for each individual. As life anticipation growing continuously, one of the greatest obstacles of public health is to enhance the quality of later years of life. In developing countries, demographic transition results in increasing life expectancy and increase in proportion of elderly population in near future. In view of the above, it is imperative to analyse the QOL and its related factors among this vulnerable population so that effective measures to improve the QOL can be implemented at community level.

Mafauzy (2000) stated that the number of Malaysians aged 60 years and above is estimated to be 1.4 million and is estimated to increase to 3.3 million in the year 2020. The percentage of the population that is 60 years and over has also increased over the years which are 5.2% in 1970, 5.7% in 1990 and 6.3% in the year 2000. This percentage is expected to be

9.8% of the population in year 2020. Between 1990 and 2020, the population of Malaysia is estimated to increase from 18.4 million to 33.3 million which is an increase of 80%. The aged population however, is expected to increase from 1.05 million in 1990 to 3.26 million over the same period, an increase of 210%. In addition to an increase in the aged population, the aged are also living longer as evidenced by an increase in life expectancy. As women tend to live longer than men, the disproportion between males and females therefore also increases with ageing. The sex ratio of men per 100 women will decrease from 90.1 in 1990 to 85.8 in 2020. The other feature on the demographic changes that is expected to occur in the aged population is in relation to globalisation. The percentage of population in urban areas has inclined from 24.5% in 1957 to 50.8% in 1990. Thus, it is also expected that the proportion of the aged population be higher in the urban than the rural area and this change in the demographic pattern of the aged population will also impact the distribution of health care resources.

Longevity has inclined significantly in the last few decades mainly due to the socio-economic and health care developments (Praveen & Rani, 2016). These factors are responsible for the higher numerical presence of elderly people leading to change in age structure, and a higher dependency ratio. In this moment, we need to reconsider the quality of life of elderly people. The life of elderly becomes more difficult when problems related to fulfilment of basic requirements such as social relations, personal care, nutrition and accommodation are added to old age health problems. Praveen and Rani (2016) stated that quality of life for elder person has become gradually more important as an outcome in public health research. QOL was found to be associated with a set of socio-demographic variables including age, marital status, educational level, and earnings. Aged individuals are liable to a variety of chronic morbidities and thus disability associated with them. Perceived morbidity and disability could unfavourably influence on QOL in their subsequent of life lived.

While study on QOL among elderly population is infrequent within this country, it is necessary to be assessed in order to address, plan and implement appropriate and cost-effective strategies at local community. Therefore, this study aimed to assess the quality of life and its related factors among the elderly population in Sarawak.

1.2 Problem Statement

The complication of the meaning of the concept of ageing, the nature of age-related health problems, the current trend of population ageing, and the current socio-economic situation of

the country pose new challenges in the care and well-being of the elderly persons. These factors might have negative or positive impact on the quality of life of the geriatric population and influence their perceptions about the ageing phenomenon. Governments and health professionals are challenged to develop programs and interventions that would enable the elderly to enhance or maintain their quality of life. However, such programs and interventions should be based on the lived experiences and views of the elderly.

Step toe, Deaton and Stone (2015) stated that psychological wellbeing and health are closely linked at older ages. There are three aspects of psychological wellbeing can be prominent which are life satisfaction, emotion wellbeing, and sense of purpose and meaning in life. The relationship between physical health and subjective wellbeing is functioning in two directions. Elderly people suffering from illnesses such as coronary heart disease, arthritis and chronic lung disease show both raised levels of depressed mood and impaired hedonic and eudemonic wellbeing (Step toe, Deaton & Stone, 2015). Furthermore, wellbeing may also have a protective role in health maintenance. Wellbeing of the elderly is important, and there is suggestive evidence that positive hedonic states, life evaluation, and eudemonic wellbeing are relevant to health and quality of life as people age. Health care systems should be concerned not only with illness and disability, but with supporting methods of improving positive psychological states. Henceforth, by assessing the QOL among the elderly, intervention may be developed in improving the psychological states of the elder people. Moreover, there is no solid finding related to QOL among elderly in Sarawak (Hassan, et al., 2013).

1.3 Research Objectives

The general objective of the study is to identify how the four domains of physical health, psychological, social relationships and environment affect the quality of life of the elderly in Sarawak. The specific objectives of the study are...

- A) To investigate the relationship between the physical health and quality of life among the elderly in Sarawak.
- B) To investigate the relationship between the psychological and quality of life among the elderly in Sarawak.
- C) To investigate the relationship between the social relationships and quality of life among the elderly in Sarawak.

D) To investigate the relationship between the environment and quality of life among the elderly in Sarawak.

1.4 Research Hypothesis(es)

The research hypotheses are...

1. H_0 : There is no significant relationship between the physical health and quality of life among the elderly in Sarawak.
2. H_0 : There is no significant relationship between the psychological and quality of life among the elderly in Sarawak.
3. H_0 : There is no significant relationship between the social relationships and quality of life among the elderly in Sarawak.
4. H_0 : There is no significant relationship between the environment and quality of life among the elderly in Sarawak.

1.5 Conceptual Framework

In this study, the conceptual framework has been constructed with independent variables. This conceptual framework enabled the view on which intervention should be emphasized more among the four domains in enhancing and maintaining the quality of life of the elderly in Sarawak. In sequence to improve the quality of life of the elderly, this issue may be overcome by identifying which domain and its related factors that affect the most in the QOL of the elderly in Sarawak as shown as in figure 1.1 as below.

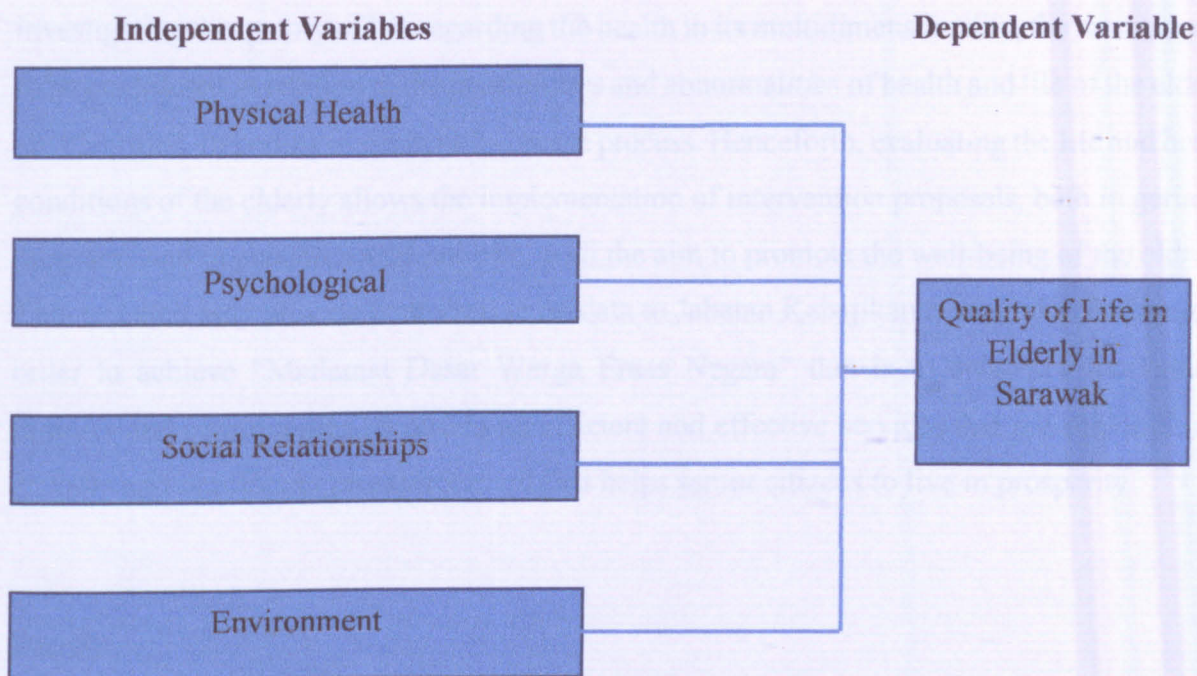


Figure 1.1 Relationship of Independent Variables with Dependent Variable

Figure 1.1 above showed the relationship between independent variables with dependent variables of the study. As shown in the figure, quality of life in elderly in Sarawak can be study by understanding the independent variables such as, physical health, psychological, social relationships, and environment. By knowing which domain affect the most the quality of life of the elderly, researchers can take next steps to plan intervention in enhancing and maintaining the quality of life. Researchers can identify the relationship between the four domains and its related factors with the quality of life of the elderly to improve the quality of life of the elderly. Besides that, researcher enable to see which factors contribute the most to the domain stated which eventually affects the quality of life. Moreover, by study the relationship of the four domains of the quality of life and its related factors, the satisfaction of the elderly people, living their life in different places in Sarawak might give differences in data collection as quality of life may be subjective to each elderly according to the four domains of quality of life.

1.6 Significant of Study

Government

The assessment of the health condition is directly associated with the quality of life, influenced by gender, education background, age, economic status and presence of disabilities. When

investigating the quality of life regarding the health in its multidimensionality, the main aspects to be considered in relation to the possibilities and abnormalities of health and life of the elderly are identified, impeding in the health-disease process. Henceforth, evaluating the life and health conditions of the elderly allows the implementation of intervention proposals, both in geriatric programs and in general social policies, with the aim to promote the well-being of the elderly. This research may provide contribution on data to Jabatan Kebajikan Masyarakat Malaysia in order to achieve “Matlamat Dasar Warga Emas Negara” that is to empower individuals, families and communities by providing efficient and effective services that are senior citizen friendly and developing an environment that helps senior citizens to live in prosperity.

Society

The proneness to the aging of the population is resulting deep changes in all sectors of society. The demographic transition has a developing and extensive influence on all levels of society, but it is in health that it has the greatest predominance, due to its consequences in the several assistance levels as well as due to the demand for new resources and structures. Therefore, it should be emphasized the scientific and social relevance of investigating the domains of quality of life and its related factors that interfere with the well-being in the senescence and of proposing actions and policies in the health field whether it is physically or psychologically, aiming to meet the demands of the aging population. Through this research, it will enable the society to aware of the well-being among the elderly in Sarawak.

Counsellor

Limitations on physical and cognitive which related to the process of aging can make daily life become tougher for many seniors as they get older. This is particularly true for individuals who are familiar to caring for themselves and maintaining their own independence. Through this research, counsellor will be able to get few information on developing solutions which facilitate social support for old people. Counsellors may provide physical and psychological assessment services for older adults, along with counselling, direct care, treatment for mental health issues, and assistance with problems disrupting with a senior's quality of life. The help that these professionals provide often makes the lives of older adults and their families much easier, favourable, and more comfortable.

1.7 Limitations of Study

The limitation that might be occurred in this study is sampling bias. Sampling bias might happened when using snowballing sampling technique. This is because the initial subjects tend to nominate people that they know well only and might giving wrong information to the researcher in obtaining the sample. In results, it is highly possible that the subjects share the same traits and characteristics, thus, it is possible that the researcher will obtain is only a small subgroup of the entire population. Besides, survey question answer options may lead to unclear data because certain answer options may be interpreted differently by respondents. Not only that, participants might have trouble in understanding and interpretation of the questionnaire. Each individual may have different interpretation of the questions. Hence, without someone questionnaire fully and ensure each individual has the same understanding, results can be subjective. This miscommunication can lead to skewed results and not accurate data to the research.

1.8 Terms Definition

Geriatrics

Conceptual definition

From a chronological viewpoint, medical treatment of the elderly (geriatrics) starts from the age of 65 years old. This definition nowadays certainly not really an adequate definition of an elderly patient and the reason to be treated by a geriatrician. In addition to chronological age, other factors must be considered in order to define the elderly patient (Sieber, 2007).

Operational definition

Geriatrics in commonly used to define elderly people among the researchers. It is also used to describe an individual who is beyond middle age and approaching old age.

Quality of life

Conceptual definition

Quality of life (QOL) is defined as the individuals' perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. This is a difficult concept to measure and to define, but that in general terms it may be viewed as a multidimensional concept emphasizing the self-perceptions of an individual's current state of mind (Bonomi, Patrick, Bushnell, & Martin, 2000).

Operational definition

Quality of life is a broad and dynamic concept. It is conceptualized as a collective, multidimensional parameter that describe a person's subjective perception on the physical and psychological health, and in addition to social functioning and environmental and general life status.

1.9 Summary

In this chapter, the explanations regarding the topic of quality of life among elderly in Sarawak has been discussed further. The background of the study has been stated to explain the view of the topic. There are four research objectives that has been stated and related to the research hypotheses. Furthermore, this research may give contributions to the government, society and also counsellors as this research can be used as future reference for the next research. Lastly, researchers have point out the relationship between the independent variables and the dependent variable of the research in the conceptual framework.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

In this chapter, the literature regarding the quality of life and elderly were further discussed. Besides, the methodological literature, theory and model related also were further discussed in this chapter.

2.1 Geriatrics

Geriatrics in medical context defines the section of medicine which concerned about the diagnosis, treatment and prevention of illness in elderly people and the problems that are particular to aging. However, the term geriatrics often used to describe the elderly people. Related to quality of life in old age are the concepts of ageing well that is represented by the qualifiers such as active, positive, successful or healthy used with ageing, but the term successful ageing is the most frequently used term. Rowe and Kahn (1998) stated that the widely accepted definition of successful ageing contains three components: low risk of disease and disability; high mental and physical function; and active engagement with life. The difference between successful ageing and quality of life consists the emphasis on physical health for defining successful ageing. Nevertheless, well-being is often consolidated into the concept of successful ageing and ageing well adds to the quality of life. There might be possibilities that there are definitions of health which are similar to that of quality of life, for example, health as going and doing something meaningful.

Abdul Rashid S. et al. (2016) stated that the age used to define the elderly in Malaysia is individual of age 60 years and above which is similar to the cut-off adopted by the United Nations (UN) whereby, the definition is based on the “World Assembly on Ageing 1982” in Vienna, Austria. Viewing at the Malaysia context, the ageing population reached 28.3 million in 2010 and is expected to incline to 38.6 million in the following 30 years. This demographic milestone is causing renewed attention to the challenges caused by population growth (Lee et al., 2002). It was illustrated from data of Malaysia that 7% of the older population were aged 60 years and over during 2005 which is anticipated to double (14%) by 2028. This is resulting in a vital essential requirement to increase public awareness, construct the required infrastructure and deliver and maintain various facilities in order to look after the aged population of Malaysians. Securing the way forward for all Malaysians will require a continuous and focused research effort (Lawton & Nahemow, 1973). Since an essential housing strategy for the aged population in Malaysia remains to be developed, the emergence of major problems in meeting the need for suitable accommodation may occur (Rashid, Ghani, & Daud, 2014).

Hagen (2013) stated that there has been a steady increase in discussions regarding the ageing in place concept especially in developed nations where the ageing process is more pervasive, as indicated by studies from the World Health Organization, the United Nations Population Fund and Help Age International in recent years. Nevertheless, regardless of the inclined discussions over the years there has been limited evidence on the evolution of the concept within the gerontological body of knowledge. However, from the 1990s to 2010 the ageing in place concept has been conveyed by both policies and scientific research and has been stated directly and indirectly. In different terms, involvement of developing services and facilities that will allow a person to stay in their home or chosen environment for as long as they are able to as they grow older regarding ageing in place. Ageing in place is visualised as a desirable concept for many as it provides an option other than institutional care where a person can remain independent even as their health conditions change over time.

Malaysia which is a multi-ethnic country has provided a unique insight into the diversity of population aging in Asia. The population consists of two of the largest ethnic groups in the world which are Chinese and Indians, in addition to Malay which is the largest ethnic group in the country. While developing an integrated national identity, each ethnic community has largely maintained its own sociocultural values in terms of religion, language, dress, and food. The changes in levels of fertility, mortality, and migration affect the age structure of a population directly which may also be giving impact on the population aging. Department of

Social Welfare Malaysia (1995) acclaimed that the growing concern over the issues of population aging led to the adoption of the National Policy for the Elderly by the Department of Social Welfare, under the Ministry of Women, Family and Community Development in 1995 which is to establish the social status, dignity and well-being of elderly persons as members of the family, society and nation by enabling them to optimize their self-potential, have access to all opportunities and have provision for care and protection. An action plan for older adults was eventually formulated highlighting on continuing education, active participation of older adults in the economy and society, an enabling environment for older adults to carry out recreational activities, older adult-friendly transportation and housing, community support systems to assist the family to provide care to older adults, as well as the provision of health care facilities and comprehensive social security schemes. The National Health Policy for Older Persons was adopted in 2008 with its main objectives which are (1) to improve the health status of older persons, (2) to encourage participation in health promoting and disease prevention activities throughout the life course, (3) to provide age friendly, affordable, equitable, accessible, acceptable, gender sensitive, seamless health care services in a holistic manner at all levels, and (4) to advocate and support the development of enabling environment for independent living.

2.2 Quality of Life

Quality of Life (QOL) is defines as individual's recognition of their position in life in circumstances of the culture and value systems in which related to their goals, beliefs, criterion and concerns by the World Health Organization (WHO). The terms QOL and health related quality of life (HRQOL) are often used identically. As QOL is a broader construct surrounding HRQOL, the WHO Quality of Life (WHOQOL) instrument has been developed by the global experts that concurrently assesses QOL and HRQOL. The fractioning of the WHOQOL into domains which are physical health, psychological, social relationship, and environmental can contribute to identifying which aspects of an individual's life are more distressing and which require intervention. Individual perception is universally bound to subjective variation where no single person in this context, the elderly would expect to call for similar needs to assure life quality. Quality of life among elderly is a vital concern which reflects the health status and well-being. Recently, the exploration on the impact of physical and mental illness on overall quality of life has been highlighted. Physical health is indisputably having big impact on QOL

while other aspects of life may modify it to some extent as recommended by WHO that health constitutes physical, social and mental well-being.

Everyone has their own opinion about their quality of life, but no one knows exactly what it means in general. Mill (1885) stated that individual opinion about well-being was ‘the best means of knowledge immeasurably consummate those that can be possessed by anyone else. Hence, quality of life is highly individualistic and might even be a distinctive issue due to the high levels of variability between individuals, making it incompatible for decision making. Nonetheless, metric of quality of life often included in a cross-national audit of welfare or comparisons of different groups of individuals, underlying which is the assumptions that there are group-specific characteristics in quality of life. Even though the elderly people are capable of thinking and talking about their quality of life, most of the quality of life measures are not developed in elderly populations.

Malaysia is aiming to be a developed country by 2020. In order to achieve the goal, numerous efforts have been placed in order to accelerate the country’s development. A country is not rated as developed by its economic achievements and rapid progress of development but also the quality of life (QOL) and well-being of its people play also a significant role. Developed countries often characterized by higher incomes, better educational achievements, better public health and higher life expectancy. One of the biggest challenges for the Malaysian government to realize their goal is to ensure that no gap exists in QOL between diverse groups and communities particularly between the urban and rural communities (Idris, Mohamed Shaffril, Md. Yassin, Samah, Hamzah & Samah, 2016). Measuring QOL is not an easy task because it has hundreds of dimensions. Certainly, within the Malaysian scope alone, many studies have been conducted to measure QOL at a national and urban level. Despite the fact that these studies have successfully measured the QOL in Malaysia, few studies were done with regard to the QOL in Sarawak.

2.3 Theory and Model Related

Raphael’s being, belonging and becoming model developed in year 1996 is a microlevel and is based on the notion of quality of life being universal, holistic, and unitary, whereby there are no differences in the needs of people who are healthy and chronically ill, with or without learning disabilities. This model does not utilise highly sophisticated statistical devices but has major advantage of having been operationalised in relation to widely different groups in the